

## PART B - FEE(S) TRANSMITTAL

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AUG 03 2004

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36218 7590 05/04/2004

KLARQUIST SPARKMAN, LLP  
 121 S.W. SALMON STREET, SUITE #1600  
 ONE WORLD TRADE CENTER  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Tanya M. Harding, Ph.D.

(Depositor's name)

(Signature)

(Date)

7.30.04

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/881,446      | 06/13/2001  | Robert A. Star       | 4239-58570          | 6918             |

TITLE OF INVENTION: RAPID FLUORESCENT LABELING OF TISSUE FOR MICRODISSECTION USING FLUORESCENT SPECIFIC BINDING AGENTS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$0             | \$1330           | 08/04/2004 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| COUNTS, GARY W | 1641     | 435-040500     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. **05318**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Klarquist Sparkman LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockville Maryland

The Government of the United States of America:

as represented by the Secretary of the Department of Health and Human Services

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies **10**

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-4550** (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

7.30.04

08/04/2004 YPOLITE2 00000014 09881446

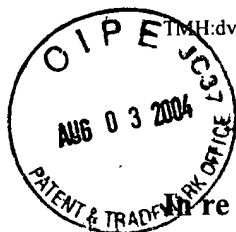
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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Star et al.

**Application No.** 09/881,446

**Filed:** June 13, 2001

**Confirmation No.** 6918

**For:** RAPID FLUORESCENT LABELING OF  
TISSUE FOR MICRODISSECTION USING  
FLUORESCENT SPECIFIC BINDING  
AGENTS

**Examiner:** Gary W. Counts

**Art Unit:** 1641

**Attorney Reference No.** 4239-58570-01

MAIL STOP ISSUE FEE  
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Attorney  
for Applicant(s)

Tanya M. Harding, Ph.D.

Date Mailed July 30, 2004

**TRANSMITTAL LETTER**

**Enclosed for filing in the above-referenced application are the following:**

- ☒ In connection with issuance of a patent:
  - ☒ Form PTOL-85b
- ☒ Fee Addressee Letter
- ☒ Advance order of 10 copies (Fee \$30.00)
- ☒ Issue Fee (\$1330.00)
- ☒ A check in the amount of \$1360.00 to cover the above-listed fees.

The Director is hereby authorized to charge any additional fees that may be required in connection with issuance of a patent, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed. Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

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